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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 740340 (5)

JACKSONVILLE AREA PHYSICIANS FOR BETTER GOVER NM

ENT, INC	C.				
rincipal Place of	f Business	Mailing Address		1 125-11 1451 5151 54155 1111 5151	
515 LOMAX STREET JACKSONVILLE FL 32204 515 LOMAX STREET JACKSONVILLE FL 32204		04			
2				3. Date incorporated or Qualified 10/05/1977	3a. Date of Last Report 03/22/1995
. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 59-1805614	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
0: 2.0:4		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30	This corporation has liability for in Florida Statutes	Yes 🔀 No
	25 9. Name and Address of C	29 Agent		10. Name and Address of New Ro	egistered Agent
	9. Name and Address of C	minorit negistered Agent	81 Name		
	, PHILIP H.		82 Street Ad	ldress (P.O. Box Number is Not Acceptable	ie)
515 LOM	AS STREET NVILLE FL		83		
JACKSON	AVILLE I C		84 City		FL 85 Zip Code
				poration submits this statement for the pur oard of directors. I hereby accept the appo	asses of phonoing its registered offic
tamiliar witi	n, and accept the obligations of signature, typed or printed name of register	A aid sepont and little if applicable (N	iO*E. Registered Agent signature ren	are tween reinstating. ADDITIONS CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
familiar witi SIGNATUREs	Signature, typed or printed name of register OFFICER	1, 0001011 017.10000, 110.1111 = 11	(O'E. Ragistered Agent signature ren	ADDITIONS CHANGES TO OFF	ICERS AND DIRECTORS IN 12
familiar with	Signature, by ed or philled home of reputers OFFICER SD GILMOUR, KAY E	od agont and this if applicable to the RS AND DIRECTORS	13. 1.1 THE 12 NAME	MAX C. KARRER, M.	CERS AND DIRECTORS IN 12 Change Maddition VO. # 301
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RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR